Certificate of Liability Insurance must be provided with the Town of Three Lakes listed as additionally insured for time of the event

TOWN OF THREE LAKES



APPLICATION FOR PERMIT TO HOLD A SUMMER

| PO Box 565 6965 W School St Three Lakes, WI 54562 Phone: (715) 546-3316 | | | EXHIBITION RACE EVENT (check all that apply) |
|--|----------------------------|-----------------------------|---|
| (1) Name of Event: | | (3) Location: | |
| | | (4) Testing Date | :Event Date: |
| (2) Name and address of sponsoring organization: | | (5) Start Time: _ | Finish: |
| (6) Description of event and/o | or courses NOTE: Attach a | a section of a chart or dra | awing showing boundaries |
| (7) Estimated number of participating recreational vehicles: (8) | | | of recreational vehicles provided by for safety and conduct of event: |
| (9) Chair of summer event committee: | | | (11) Means of communicating with Chair during the event:: |
| (12) Name, address and teleph | none number of person to b | oe contact for further det | ails concerning the event: |
| (13) The undersigned has full a | authority as spokesperson | for the sponsoring organ | ization: |
| SignatureDate | | | |
| (1) Attach a copy of your entr Town of Three Lakes as b | | | e of liability form that includes naming the |
| PERMIT GRANTED Subject to the following | g requirements and/ | or conditions: | |
| Signature: | | | Date: |
| 1 | Town Chair | | |
| Signature: | | | Date: |

Town Clerk